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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes OIL O-104 and O-11
Effective 1-1-65

I. OPERATOR
 Operator Shenandoah Oil Corporation
 Address P.O. Box 1027, Odessa, Texas 79760
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Re-completion Oil Dry Gas
 Change in Ownership Condensate Gas Condensate

If change of ownership give name and address of previous owner APCO Oil Corporation, Box 1027, Odessa, Texas 79760

II. DESIGNATION OF WELL AND LEASE
 Lease Name Huston Comm Well No. 1 Post Name, including Formation Eumont - Queen Gas Kind of Lease Federal
 Location Unit Letter K : 1830 Feet From The West Line and 1650 Feet From The South
 Line of Section 21 Township 19 Range 37 N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
NA
 Name of Authorized Transporter of Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company P.O. Box 1492, El Paso, Texas 79999
 If well produces oil or fluids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When
NA Yes February, 1955

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Re-Work	Full R.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (D.F., R.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of final volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Flow Test	Days of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-PPG	Water-PPG	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	L.L. Condensate, MCF	Gravity of Condensate
Testing Method (flow, disk, etc.)	Tubing Pressure (psi-14.7)	Casing Pressure (psi-14.7)	Choke Size

CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
[Signature]
 Manager Primary Production
 11/1/77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED 11/1/77, 1977
 BY [Signature]
 TITLE [Signature]
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or re-completed well, the form must be accompanied by a complete well log and a description of the well in accordance with RULE 111.
 All copies of this form must be filed out completely in all applicable cases.
 Fill out only 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 12 for change of completion, well name or number, or transportation of oil or change of conditions.